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NSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as ndicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for naintenance fee notifications.							
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55694	Cer	tificate of Ma	iling or Transı	nission			
DRINKER BID 1500 K STREET SUITE 1100	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
WASHINGTON	(Depositor's name)						
				(Signature)			
			(Date)				
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVEN	RST NAMED INVENTOR AT		TTORNEY DOCKET NO. CONFIRMATION NO.	
10/679,326 10/07/2003			Gerold Weinl	Veinl 024445-399 2680			
TITLE OF INVENTION: TI(C,N)-(TI,NB,W)(C,N)-CO ALLOY FOR MILLING CUTTING TOOL APPLICATIONS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE PREV. PAID ISSU	E FEE TOT	AL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	01/10/2008
EXAMINER ART UNIT			CLASS-SUBCLAS	s			
SHEEHAN, JOHN P 1742			419-014000				
. Change of corresponde	nce address or indicatio		the patent front page, li		ı DRTNK	ER BIDDLE &	
CFR 1.363). Change of correspondence of corresp	ondence address (or Cha	ce or agents OR, alto	or agents OR, alternatively, REATH ILP				
Address form PTO/SE	3/122) attached. ication (or "Fee Address	registered attorne	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PTO/SB/47; Rev 03-0 Number is required.	2 or more recent) attach	er 2 registered pater listed, no name w					
B. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED (ON THE PATENT (print	or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
							•
SANDVIK IN	TELLECTUAL PR	OPERTY AB	SANDVI	KEN, SWEDEN	Cornoration or	other private gro	oup entity Government
Please check the appropri	late assignee category of	Categories (will not t					
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) XX Issue Fee							
XX Issue Fee XX Publication Fee (N	oseu. dit card. Form PTO-203	8 is attached.					
Advance Order -	hereby authorized to cha	arge the require	ed fee(s), any de	ficiency, or credit any			
			overpayment, to	Deposit Account Number	ber <u>- 50-05</u>	73 (enclose a	n extra copy of this form).
5. Change in Entity Sta a. Applicant claim	s SMALL ENTITY stat	us. See 37 CFR 1.27.		no longer claiming SMA	ALL ENTITY :		FR 1.27(g)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if records of the United St	quired) will not be acc	epted from anyone other mark Office.	than the applicant; a reg	gistered attorne	ey or agent; or the	he assignee or other party in
	11/1/2	411	,	12/03/3 Date 2	PART JADDO2	00000069 1 WY	
Authorized Signature	1/1/1/1/	1 11		OI FC:	1501 1504		- 1440.00 OP 300.00 OP
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This collection of informan application. Confiden	ation is required by 37 tiality is governed by 3.	CFR 1.311. The inform 5 U.S.C. 122 and 37 (mation is required to obta CFR 1.14. This collection	in or retain a benefit by is estimated to take 12	the public wh minutes to co	ich is to tile (an implete, includi	d by the USPTO to process ng gathering, preparing, and me you require to complete
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